

# LEON COUNTY INDIGENT BURIAL APPLICATION

## Applicant's Information (Next of Kin/Informant)

Name of the Applicant \_\_\_\_\_ Application Date \_\_\_\_\_  
Address of Applicant \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

## Deceased Information

Name of Deceased \_\_\_\_\_ Social Security # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth (City/State) \_\_\_\_\_  
Address \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_  
Date and Time of Death \_\_\_\_\_ Location of Death \_\_\_\_\_  
Location of Remains \_\_\_\_\_  
Physician \_\_\_\_\_ Cause of Death \_\_\_\_\_  
Length of Residency \_\_\_\_\_ Occupation/Employer \_\_\_\_\_  
Highest Education \_\_\_\_\_ Veteran of War? \_\_\_\_\_ Branch of Service \_\_\_\_\_  
Marital Status \_\_\_\_\_ If Married, Spouse Name \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Father's Employer/Occupation \_\_\_\_\_  
Mother's Employer/Occupation \_\_\_\_\_

**Funeral Home Providers:** \_\_\_\_\_ Beggs \_\_\_\_\_ Bevis \_\_\_\_\_ Culley's \_\_\_\_\_ Strong & Jones \_\_\_\_\_ Tillman

## The following financial information is used to determine if the County can intercept:

Monthly Income \_\_\_\_\_ Source of Income \_\_\_\_\_  
Any Bank Accounts - *yes or no* If yes, how much is in account \$ \_\_\_\_\_  
Name and Location of Bank \_\_\_\_\_  
If in a nursing home, how much in Medicaid does deceased have in personal spending account \$ \_\_\_\_\_

## Eligibility Criteria (circle yes or no)

- |  |                   |                  |  |
|--|-------------------|------------------|--|
| 1. Receiving Veteran's Benefits                | yes               | no               | (if yes, refer to funeral home)              |
| 2. Victim of a Crime                           | yes               | no               | (if yes, refer to Attorney General's Office) |
| 3. Leon County Resident                        | yes               | no               |  |
| 4. Is a 14 day waiting period required         | yes               | <b><u>no</u></b> |  |
| 5. Burial authorized by State Anatomical Board | <b><u>yes</u></b> | no               |  |
| 6. Any Life Insurance                          | yes               | no               |  |

## Other Pertinent Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**County Staff Only: Disposition** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature:** \_\_\_\_\_